

BEST AVAILABLE COPY

CLAIMS ONLY							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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47							97			
48							98			
49							99			
50							100			
TOTAL IND.										
TOTAL DEP.										
TOTAL CLAIMS										
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS										

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